

COMMONWEALTH OF KENTUCKY  
Department for Social Insurance  
Division of Field Services

☐ Hearing  
☒ Appeal  
☐ Withdrawal

REQUEST FOR HEARING, APPEAL OR WITHDRAWAL

Case Name \_\_\_\_\_ County \_\_\_\_\_  
Address \_\_\_\_\_ Case Number \_\_\_\_\_  
Date \_\_\_\_\_

I am dissatisfied with the recent decision made by the Department for Social Insurance in my case. Therefore, I am requesting a hearing before a hearing officer.  
My reason is: \_\_\_\_\_

I designate \_\_\_\_\_ to represent me at the hearing.  
Address \_\_\_\_\_

I understand that legal service and advice are available to me by calling my private attorney or the Legal Service Office at \_\_\_\_\_.

Complete only if applicable.

☐ I am physically unable to travel to the hearing site and request that my hearing be held at \_\_\_\_\_.

☒ Yes ☐ No I request continuation of my benefits until my eligibility period ends or the hearing decision is made.

☐ I am dissatisfied with the decision of the hearing officer on the hearing which affects my case. Therefore, I am requesting that the Appeal Board review the hearing officer's decision.

☐ I hereby withdraw my request for a hearing or appeal. My reason is \_\_\_\_\_

\_\_\_\_\_  
(Client's or Responsible Party's Signature) (Date)

\_\_\_\_\_  
(Worker's Signature) (Date)

LOCAL OFFICE USE ONLY

REASON FOR ACTION

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Failure to Cooperate | <input type="checkbox"/> Excess Resources    |
| <input type="checkbox"/> Excess Income                   | <input type="checkbox"/> Household Size      |
| <input type="checkbox"/> Not Incapacitated               | <input type="checkbox"/> Not Permanently and |
| <input type="checkbox"/> Absence                         | Totally Disabled                             |
| <input type="checkbox"/> ETP or JOBS Issue               | <input type="checkbox"/> Other _____         |

(specify)

☐ The reason for action is a result of a CORE investigation.

REASON FOR BEARING REQUEST

- |  |
|--|
| <input type="checkbox"/> Denial of Application   |
| <input type="checkbox"/> Discontinuance          |
| <input type="checkbox"/> Reduction in Benefits   |
| <input type="checkbox"/> Delay in Action on Case |
| * <input type="checkbox"/> KenPAC                |
| * <input type="checkbox"/> SSI Discontinuance    |
| <input type="checkbox"/> Other _____             |

(specify)

ETP or JOBS Worker's Name \_\_\_\_\_ ETP or JOBS Worker's Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

\*Brief explanation, if KenPAC or SSI discontinuance:  
\_\_\_\_\_  
\_\_\_\_\_